

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18576**

FILED MAY 18 1948

Registration District No. **251**

Primary Registration District No. **4378**

Registrar's No. **66**

1. PLACE OF DEATH:

(a) County **Nodaway**
(b) City or town **Ravenwood**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **56 yrs** (Specify whether years, months or days)
In this community **56 yrs**

3. (a) PRINT FULL NAME **Hannah Emilyann Zeigler**

3. (b) If veteran, name war **/** 3. (c) Social Security No. **no**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Edwin Zeigler** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **July 16 1866**
(Month) (Day) (Year)

8. AGE: Years **76** Months **9** Days **12** If less than one day hr. min.

9. Birthplace **Hillsboro Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business

Edwin Peterson

12. Name **unknown** **Ohio**

13. Birthplace **unknown** **Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret McIntyre**

15. Birthplace **unknown** **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. George Houchens**

(b) Address **Ravenwood Mo.**

17. (a) **burial** (b) Date thereof **4-30-43**

(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Lawn cemetery Ravenwood Mo**

18. (a) Signature of funeral director **Price Funeral Home**

(b) Address **Marionville Mo.**

19. (a) **5-1-43** (b) **Mary Cole**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway**
(c) City or town **Ravenwood**
(If outside city or town limits, write "RURAL")
(d) Street No. **/** (If rural, give location)
(e) Citizen of foreign country? **/** (Yes or No)
If yes, name country **/**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **28**
year **1943** hour **1 PM** minute **/** M.

21. I hereby certify that I attended the deceased from **at time of death**, 19 **to**, 19 **that I last saw her alive on April 28**, 19 **and that death occurred on the date and hour stated above.**

Immediate cause of death **Myocarditis** Duration **2 yrs**

Due to **93d**

Due to **93d**

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury **2**

23. Signature **J. V. H. Taylor** (Name or other) **DO**
Address **Ravenwood** Date signed **4-29-43**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Clara M. Price

Licensed Embalmer No.....

1822

P. O. Address.....

Manville, N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.